



Illinois Department of Revenue

Receipt for Qualified K-12 Education Expenses

To be completed by school personnel and distributed to parents or guardians

_____/_____/_____
Calendar year

Read this information first

Recipients: Do not attach this receipt to your Form IL-1040, Individual Income Tax Return. Keep this receipt with your income tax records. You must send us this information if we request it.

Note → To figure the amount of your education credit, you must complete Schedule ICR, Illinois Credits.

Step 1:

Payments received from: _____
Name of parent or guardian

Payments paid to: _____
Name of school

Social Security number of parent or guardian
(This required information may be provided by the recipient)

Address of school

City, State, ZIP of school

Step 2: To be completed by authorized school personnel

Complete the table below. For column G, provide only the amount of qualified expenses paid to the school by the parent or guardian named in Step 1 during the calendar year indicated at the top of this form. See Publication 112 for a list of qualified expenses.

Do not include any amounts paid by scholarship, grant, or another entity. Also, do not include any balances not paid during the calendar year.

| A Name of Student | B Social Security number (This required information may be provided by the recipient) | C Grade (K-12 only) | D Qualified Tuition Paid | E Qualified Book Fees Paid | F Qualified Lab Fees Paid | G Total Amount of Qualified Expenses Paid by Parent or Guardian |
|----------------------|---|---------------------------|-----------------------------|-------------------------------|------------------------------|--|
| 1 _____ | ____ - ____ - ____ | _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 2 _____ | ____ - ____ - ____ | _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 3 _____ | ____ - ____ - ____ | _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 4 _____ | ____ - ____ - ____ | _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 5 _____ | ____ - ____ - ____ | _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

Add the amounts in the "Total Amount of Qualified Expenses Paid by Parent or Guardian" column for each student. Use this total to complete the K-12 Education Expense Credit Worksheet on Schedule ICR.

Total \$ _____

Step 3: Signature of authorized school personnel

I state that I have prepared this receipt and, to the best of my knowledge, it is true, correct, and complete.

Name

Title

Signature
()

Phone Number

Date

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.